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CONFIRMATION NO. 4940

<b>SERIAL NUMBER</b> 10/601,171	<b>FILING OR 371(c) DATE</b> 06/23/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 103901-4197
<b>APPLICANTS</b> Gerald W. Fischer, Bethesda, MD; Richard F. Schuman, Gaithersburg, MD; Hing Wong, Weston, FL; Jeffrey R. Stinson, Davie, FL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/097,055 06/15/1998 PAT 6,610,293 which claims benefit of 60/049,871 06/16/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/08/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 29
Examiner's Signature <i>[Signature]</i> 11/24/07 Initials		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 959				
<b>TITLE</b> Opsonic and protective monoclonal and chimeric antibodies specific for lipoteichoic acid of gram positive bacteria				
<b>FILING FEE RECEIVED</b> 4592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	